



**NORTHSIDE HOSPITAL  
CHEROKEE  
AUXILIARY**

**2023 Summer VolunTeen Program  
Absence Request Form**

**Student Name:** \_\_\_\_\_

Because continuity is so important to our program, please do not apply to our summer program if you are not able to volunteer for 6 weeks out of the 9 week opportunity.

**Do you have any planned absences during the summer program?**

Please use the calendar below to indicate which weeks you will not be able to volunteer from May 30<sup>th</sup> through July 28<sup>th</sup>

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Memorial Day May 29 No volunteering	START May 30	May 31	June 1	June 2
June 5	June 6	June 7	June 8	June 9
June 12	June 13	June 14	June 15	June 16
June 19	June 20	June 21	June 22	June 23
June 26	June 27	June 28	June 29	June 30
July 3	Independence Day July 4 No Volunteering	July 5	July 6	July 7
July 10	July 11	July 12	July 13	July 14
July 17	July 18	July 19	July 20	July 21
July 24	July 25	July 26	July 27	July 28 LAST DAY

Planned Absence Date(s): \_\_\_\_\_

I agree to volunteer 6 weeks out of the 9 weeks.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date